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APPLICANTS

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**** CONTINUING DATA *******

None ✓

**** FOREIGN APPLICATIONS *******

None ✓

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 18	TOTAL CLAIMS 44 49	INDEPENDENT CLAIMS 5 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Method and system for facilitating transactions

FILING FEE RECEIVED 1874	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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